

RISK FACTOR DEFINITIONS TABLE - Infants

Version 2.19

Risk Factors 103, 121, 134, 135, 141 (< 24 months), 201, and 211 are High Risk and require a SOAP Note

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
103	<p>Underweight or At Risk of Underweight</p> <p>Underweight:</p> <ul style="list-style-type: none"> ✓ Automatically assigned by system based on data entered on the Height/Weight/Blood tab. <ul style="list-style-type: none"> ~ Birth to < 24 months: $\leq 2.3^{\text{rd}}$ percentile weight-for-length on the CDC Birth to 24 months gender specific growth Charts (using 0-24 WHO Wt/Len grid). <p>At Risk of Underweight:</p> <ul style="list-style-type: none"> ✓ Automatically assigned by system based on data entered on the Height/Weight/Blood tab. <ul style="list-style-type: none"> ~ Birth to < 24 months: $> 2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile weight-for-length on the CDC Birth to 24 months gender specific growth charts (using 0-24 WHO Wt/Len grid). ~ Assigned based on a system calculation and not actual plotting. ✓ MOWINS will flag the participant's record as high-risk: <ul style="list-style-type: none"> ~ Birth through 23 months when the weight-for-length is $\leq 2.3^{\text{rd}}$ percentile on the CDC Birth to 24 months gender specific growth charts (using 0-24 WHO Len/Age grid). ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	S
114	<p>Overweight or At Risk of Overweight</p> <ul style="list-style-type: none"> ✓ Automatically assigned by system based on Parental Body Mass Index (BMI) when an infant ≤ 12 months of age and the biological mother's BMI is ≥ 30 at the time of conception or at any point in the first trimester and the mother's information is in MOWINS. ✓ <i>Optional assignment:</i> when BMI is based on self-reported weight and height by the parent in attendance. ✓ Manually assign for an infant < 12 months of age when mother's information is not in MOWINS and if the biological mother's BMI was ≥ 30 at the time of conception or at any point in the first trimester. ✓ Manually assign for all infants if the biological father is present and the biological father's BMI is ≥ 30 at the time of the infant's certification. BMI cannot be based on measurements of the father provided by the mother. <p>Counseling Note: It is recommended that the term "overweight" be used for documentation and risk assessment only and more neutral terms (e.g. weight disproportional to height, excess weight, BMI) be used when discussing a infant's weight with a parent/caregiver.</p>	B
115 (NEW)	<p>High Weight-for Length</p> <ul style="list-style-type: none"> ✓ Automatically assigned by system when weight-for-length measurements is $\geq 97.7^{\text{th}}$ percentile as plotted on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Wt/Len grid). 	S
121	Short Stature or At Risk of Short Stature	

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	<p>Short Stature:</p> <ul style="list-style-type: none"> ✓ Risk factor is automatically assigned by system when infant's (Birth to < 24 months) length-for-age measurements is $\leq 2.3^{\text{rd}}$ percentile as plotted on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Len/Age grid). <p>At Risk of Short Stature:</p> <ul style="list-style-type: none"> ✓ Risk factor is automatically assigned by system when infant's (Birth to < 24 months) length-for-age measurements are $> 2.3^{\text{rd}}$ percentile and $\leq 5^{\text{th}}$ percentile on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Len/Age grid). ✓ MOWINS will flag an infant record as high risk when birth to < 24 months length-for-age measurements is $\leq 2.3^{\text{rd}}$ percentile on the CDC Birth to 24 months gender specific growth charts (0-24 WHO Len/Age grid). <p>~ Complete a SOAP Note in MOWINS. Refer to ER #2.02900.</p>	S
134	<p>Failure to Thrive</p> <ul style="list-style-type: none"> ✓ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority. ✓ MOWINS will flag participant's record as high-risk. ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900. <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C

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135	<p>Inadequate Growth</p> <ul style="list-style-type: none">√ Infant < 14 days old<ul style="list-style-type: none">~ Risk Factor is manually assigned when the certifying staff determines there is excessive weight loss after birth (> 10%).√ Infants > 14 to 30days old<ul style="list-style-type: none">~ Risk factor is automatically assigned by system when the infant's current weight is less than the birth weight recorded on the Health Information tab.√ Infants 31 days to 6 months old<ul style="list-style-type: none">~ Risk factor is automatically assigned by system based on 2 weights taken at least 1 month apart when the infant's actual weight gain is less than the calculated expected weight gain based on the table below:<table><tr><th>Age</th><th>Average Weight Gain</th></tr><tr><td>1-2 months</td><td>25 g/day</td></tr><tr><td>2-3 months</td><td>18 g/day</td></tr><tr><td>3-4 months</td><td>16 g/day</td></tr><tr><td>4-5 months</td><td>14 g/day</td></tr><tr><td>5-6 months</td><td>12 g/day</td></tr></table>√ Infants older than 6 months<ul style="list-style-type: none">~ The system will find the two most recent weights taken at least 3 months apart, when the infant's actual weight gain is < the calculated expected weight gain of 9 grams per day. <p>NOTE: Infants 1 through 11 months, the system will compare the most recent measurement to the recorded birth weight if no other measurements are available. The system will calculate expected weight gain based the age of the infant and average weight gain based on the table below:</p> <table><tr><th></th><th>Average Weight Gain</th></tr><tr><td>1-2 months</td><td>25 g/day</td></tr><tr><td>2-3 months</td><td>18 g/day</td></tr><tr><td>3-4 months</td><td>16 g/day</td></tr><tr><td>4-5 months</td><td>14 g/day</td></tr><tr><td>5-6 months</td><td>12 g/day</td></tr><tr><td>6-11 months</td><td>9 g/day</td></tr></table>	Age	Average Weight Gain	1-2 months	25 g/day	2-3 months	18 g/day	3-4 months	16 g/day	4-5 months	14 g/day	5-6 months	12 g/day		Average Weight Gain	1-2 months	25 g/day	2-3 months	18 g/day	3-4 months	16 g/day	4-5 months	14 g/day	5-6 months	12 g/day	6-11 months	9 g/day	<p>C < 14 days</p> <p>S > 14 days</p>
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	<ul style="list-style-type: none"> ✓ MOWINS will flag participant's record as high-risk. ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	
141	<p>Low Birth Weight or Very Low Birth Weight</p> <ul style="list-style-type: none"> ✓ Risk factor is automatically assigned by system when birth weight entered on the Health Information tab is ≤ 5 lb. 8 oz. ✓ MOWINS will flag participant's record as high-risk all infant participants with a birth weight ≤ 3 lb. 5 oz. ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	S
142	<p>Prematurity</p> <ul style="list-style-type: none"> ✓ Risk factor is automatically assigned by system when the infant's calculated weeks and days gestation ≤ 37 weeks. The system subtracts the mother's LMP (Health Information tab of linked mother) from the infant's birthdate to determine weeks gestation. ✓ If mother and infant are not linked, risk factor must be CPA assigned. ✓ MOWINS will flag participant's record as high-risk. ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	B
151	<p>Small for Gestational Age</p> <ul style="list-style-type: none"> ✓ Risk factor is Risk Factor is manually assigned when the presence of the condition is diagnosed by a physician or someone working under physician's orders or as self-reported by applicant, participant or caregiver.* <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
153	<p>Large for Gestational Age</p> <ul style="list-style-type: none"> ✓ Risk factor is automatically assigned by system when the birth weight is ≥ 9 pounds (> 4000 grams), which was entered on the Health Information tab. ✓ Risk Factor is manually assigned when diagnosed by a physician or someone working under physician's orders or as self-reported by applicant, participant or caregiver.* <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B

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201	<p>Low Hemoglobin/Low Hematocrit</p> <ul style="list-style-type: none"> ✓ Infants 6-12 months of age: < 11.0/33.0 hgb/hct. ✓ Risk factor is automatically assigned by system based on data entered on the Health Information and Height/Weight/Blood tab as well as altitude set behind the scenes in MOWINS. ✓ MOWINS will flag participant's record as high-risk all infant participants with hemoglobin readings less than 10.0gm/100 ml or a hematocrit below 31%. ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900. 	S
211	<p>Elevated Blood Lead Levels</p> <ul style="list-style-type: none"> ✓ Risk factor is automatically assigned by system when blood levels ≥10 mcg/dl within the past 12 months. ~ Based on data entered on the Height/Weight/Blood tab. ✓ MOWINS will flag participant's record as high-risk. ✓ Complete a SOAP Note in MOWINS. Refer to ER #2.02900 	S
341	<p>Nutrient Deficiency Diseases</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients .</p> <p>Diagnosis of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micronutrients. Diseases ~ include, but are not limited to: Protein Energy Malnutrition, Scurvy, Rickets, Beri Beri, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Cheilosis, Menkes Disease, Xerophthalmia.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
342	<p>Gastro-Intestinal Disorders</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority of nutritional deficiencies or a disease caused by insufficient dietary intake of macro and micro nutrients .</p>	

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	<p>~ Diseases and/or conditions that interfere with the intake, digestion, and/or absorption of nutrients. The Diseases and/or conditions include, but are not limited to: gastroesophageal reflux disease (GERD), peptic ulcer, post bariatric surgery, short bowel syndrome, inflammatory bowel disease, including ulcerative colitis or Crohn's disease, liver disease, pancreatitis, and biliary tract diseases.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
343	<p>Diabetes Mellitus</p> <p>✓ Risk factor is automatically assigned by system when the presence of the condition is diagnosed by a physician, as self-reported by the applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders and the 'Diabetes Mellitus' box is selected on the Health Information tab is selected in the CGS.*</p> <p>~ Metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>✓ This risk factor is automatically assigned by system on subsequent certifications once the infant has one certification where this risk factor was assigned.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B
344	<p>Thyroid Disorders</p> <p>✓ Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>✓ The medical conditions include, but are not limited to, the following: Hyperthyroidism, Hypothyroidism, Congenital Hyperthyroidism, Congenital Hypothyroidism, Postpartum Thyroiditis.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C

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345	<p>Hypertension/Pre-hypertension</p> <p>Risk factor is automatically assigned by system when the presence of the condition is diagnosed by a physician, as self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders and the 'Hypertension/Pre-Hypertension' box is selected on the Health Information tab in the CGS.*</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	B
346	<p>Renal Disease</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>~ Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
347	<p>Cancer</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>~ A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. Current condition, or the treatment for this condition, must be severe enough to affect nutritional intake.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C

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348	<p>Central Nervous System Disorders</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, which alters the nutritional ~ status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), multiple sclerosis (MS), Parkinson's disease and neural tube defects (NTD), such as spina bifida or myelomeningocele.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
349	<p>Genetic and Congenital Disorders</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality. May include, but is not limited to, cleft lip or palate, Down's syndrome, thalassemia major, sickle cell anemia (not sickle cell trait) and muscular dystrophy.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
351	<p>Inborn Errors of Metabolism</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat.</p> <p>Inborn errors of metabolism (IEM) Generally refers to gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: Amino Acid Disorders, Organic Acid Metabolism Disorders, Fatty Acid Oxidation Disorders, Lysosomal Storage Diseases, Urea Cycle Disorders, Carbohydrate Disorders, Peroxisomal Disorders, Mitochondrial Disorders.</p>	C

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352	<p>Infectious Diseases</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p style="padding-left: 40px;">Disease caused by growth of pathogenic microorganisms in the body within the past six months severe enough to affect ~ nutritional status. Includes, but is not limited to: Tuberculosis, HIV, AIDS, pneumonia, meningitis, parasitic infections, hepatitis and bronchiolitis (3 episodes in last 6 months).</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
353	<p>Food Allergies</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p style="padding-left: 40px;">~ Adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
354	<p>Celiac Disease</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p style="padding-left: 40px;">Also known as Celiac Sprue, Gluten Enteropathy or Non-tropical Sprue Celiac Disease (CD) is an autoimmune disease ~ precipitated by the ingestion of gluten (a protein found in wheat, rye, & barley) that results in damage to the small intestine & malabsorption of the nutrients from food).</p>	C

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355	<p>Lactose Intolerance</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority, applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders; or symptoms must be well documented by the competent professional authority.*</p> <p>Documentation should indicate that the ingestion of dairy products causes the symptoms and the avoidance of such dairy products eliminates them. Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase ~ is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>~ Note: If symptoms are well documented by the competent professional authority, self-reporting of diagnosis or physician/health care provider documentation is not required.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
356	<p>Hypoglycemia</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>~ Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise.</p>	C

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	<p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	
357	<p>Drug Nutrient Interactions</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>~ Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
359	<p>Recent Major Surgery, Trauma, Burns</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>Major surgery (c-section), trauma, or burns severe enough to compromise nutritional status. Any occurrence: within the past ~ 2 (≤ 2) months may be self-reported, more than 2 (> 2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physicians.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
360	<p>Other Medical Conditions</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p>	

RISK FACTOR DEFINITIONS TABLE - Infants

Version 2.19

Risk Factors 103, 121, 134, 135, 141 (< 24 months), 201, and 211 are High Risk and require a SOAP Note

Risk Factor Number	Risk Factor Criteria	Assignment Method (S-System; C-CPA; B-Both)
	<p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. Includes, but is not limited to: ~ juvenile rheumatoid arthritis, lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, persistent asthma (moderate or severe) requiring daily medication.</p> <p>NOTE: This criterion will usually not be applicable to infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under Criterion #352, Infectious Diseases.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
362	<p>Developmental, Sensory or Motor Disabilities</p> <p>Manually assigned when the presence of the condition is diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver*; or symptoms must be well documented by the competent professional authority.</p> <p>Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Includes, but is not limited to, minimal brain function, feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism, birth injury, head trauma, brain damage and other disabilities.</p> <p>* Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. The certifying staff shall document in general/SOAP notes the doctor's name and contact information, whether the condition is being controlled by diet or medication, and any follow-up plans with the health care provider.</p>	C
381	<p>Dental Problems</p> <p>✓ Risk Factor is manually assigned when:</p> <p>~ There is a diagnosis of dental problems by a dentist, physician or a health care provider working under the orders of a physician</p> <p>~ Baby bottle tooth decay (also known as nursing caries or early childhood caries) is present in infants.</p> <p>✓ Document how the oral assessment was performed and the results in the general/SOAP notes.</p>	C
411	<p>Inappropriate Nutrition Practices for Infants (1 – 11 months)</p> <p>✓ Risk Factor is manually assigned when inappropriate infant feeding practices are documented, e.g.,</p>	

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	<ul style="list-style-type: none"> ~ Routinely using a substitute(s) for breast milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life, ~ Routinely using nursing bottles or cups improperly, ~ Routinely offering complementary foods or other substances that are inappropriate in type or timing, ~ Routinely using feeding practices that disregard the developmental needs or stage of the infant ~ Feeding to an infant that foods could be contaminated with harmful microorganisms or toxins ~ Routinely feeding inappropriately diluted formula, ~ Routinely limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients, ~ Routinely feeding diet very low in calories and/or essential nutrients, ~ Routinely using inappropriate sanitation in preparation, handling, and storage of expressed breast milk or formula, ~ Feeding dietary supplements with potentially harmful consequences, ~ Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. 	C
428*	<p>Dietary Risk Associated with Complementary Feeding Practices</p> <ul style="list-style-type: none"> √ Risk Factor is manually assigned for infants 4 to 12 months; this is a presumed risk. An infant is at risk of inappropriate complementary feeding if they have begun, or are expected to begin consuming ~ complementary foods and beverages, eating independently, weaning from breast milk or infant formula, or transitioning from a diet based on infant/toddler foods to one based on the Dietary Guidelines for Americans. ~ A complete nutrition assessment for risk #411, Inappropriate Nutrition Practices for Infants must be completed prior to assigning this risk factor. This can be assigned with other dietary risk factor assignment. ~ Can be assigned along with risk factor 411. <p>*NOTE: A WIC Certifier cannot assign this risk factor.</p>	C
502*	<p>Transfer of Certification</p> <ul style="list-style-type: none"> √ Risk factor is automatically assigned by system when the "VOC" check box is selected on the Applicant Prescreening Window or through the VOC Certification option on the Participant Activities menu. ~ Person with current valid Verification of Certification (VOC) document from another State or local agency. ~ The VOC is valid until the certification period expires (See E.R. # 3.03500) and shall be accepted as proof of eligibility for program benefits and their FI cycle should remain as determined by the other state. 	S
603*	Breastfeeding Complications	

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	<ul style="list-style-type: none"> √ Risk Factor is manually assigned when a breastfed infant displays any of the following complications or potential complications: <ul style="list-style-type: none"> ~ Jaundice, weak or ineffective suck, difficulty latching onto mother's breast, inadequate stooling (for age, as determined by a physician or other health care professional) and/or less than 6 wet diapers per day. 	C
701	<p>Infant Up to 6 Months Old of WIC Mother, or of a Woman Who Would Have Been Eligible During Pregnancy</p> <ul style="list-style-type: none"> √ Risk Factor is manually assigned for all infant <six months of age and/or if his/her mother was a program participant during pregnancy or if the mother would have met one of the prenatal risk factors other than risk factors 401 and 427 during her pregnancy. 	C
702	<p>Breastfeeding Infant of Woman at Nutritional Risk</p> <ul style="list-style-type: none"> √ Risk Factor is manually assigned when a breastfeeding infant's mother meets one of the woman risk factors other than Risk Factor 601 (Breastfeeding Mother of Infant at Nutritional Risk). 	C
801	<p>Homelessness</p> <ul style="list-style-type: none"> √ Risk factor is automatically assigned by system when the "Homeless" check box is selected on the Demographics tab. <ul style="list-style-type: none"> ~ Homelessness is when an infant lacks a fixed and regular nighttime residence; or whose primary nighttime residence is: <ul style="list-style-type: none"> ⊙ a supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations; ⊙ an institution that provides temporary residence for individuals intended to be institutionalized; ⊙ a temporary accommodation of not more than 365 days in the residence of another individual ⊙ or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. √ System will default a homeless food package. 	S
802	<p>Migrancy</p> <ul style="list-style-type: none"> √ Automatically assigned by system when the "Migrant" check box is selected on the Demographics tab. <ul style="list-style-type: none"> ~ Infants who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode. 	S
902	<p>Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food</p> <ul style="list-style-type: none"> √ Risk Factor is manually assigned when the primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. <ul style="list-style-type: none"> ~ Examples include individuals who are: ≤ 17 years of age; mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist); physically disabled to a degree which restricts or limits food preparation abilities; or currently using or having a history of abusing alcohol or other drugs. ~ Document the concern to why the primary caregiver has limited feeding decisions in the general/SOAP note. 	C

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904	<p>Environmental Tobacco Smoke [ETS] Exposure</p> <ul style="list-style-type: none">✓ Risk factor is automatically assigned by system “Yes” is selected for the ‘Household Smoking’ field on the AdditionalInfo1 tab found on the Demographics tab~ LWP staff has asked if anyone living in the household smokes inside the home.✓ System automatically assigns this risk factor to all members of the household.	S